* New information for the quarterly report appears in the purple, bold, italic font

Project Leader(s) & Business Affiliations:

- Kenneth L. Oakley, PhD, FACHE – CEO & Project Coordinator
  - Email: koakley@r-ahec.org
- Kimberly R Cummins – Assistant Project Coordinator /Project Administrative Coordinator
  - Email: kcummins@r-ahec.org

Address:

Western New York Rural Area Health Education Center, Inc. (R-AHEC)
20 Duncan Street
PO BOX 152
Warsaw, NY 14569
Phone: 585-786-6275   Fax: 585-786-6280

Organization Legally & Financially Responsible:

Western New York Rural Area Health Education Center, Inc.

Brief Description how coordinated through state or region:

R-AHEC staff having been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

1) We have had three regional meetings of the Project Technical Working Group (TWG) comprising of CIO's and Network Directors of the partnering healthcare organizations.
2) We have had numerous meetings with the two Regional Health Information Organizations (RHIO) operating within our shared catchment area.
3) We have had two meetings with the Office of the Deputy Commissioner, NYS DOH Office of Information Technology Transformation, along with the two other RHCP awardees in New York State. The focus is to ensure interoperability and interconnectivity between the three RHCP projects in New York State.

July, 2009 ~ Quarterly Report

R-AHEC staff has been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

1) We have submitted the draft version of our proposed RFP for review by our coach.
2) We are in discussions with the two other RHCP projects in NY State and with the NY State eHealth Collaborative about the sustainability plan for our project within the context of NY State's plans for a Broadband Health
3) We have conducted multiple information sessions with the carrier organizations in our region to provide them information about the FCC Rural Healthcare Broadband Project and to learn about their facilities, technologies and capabilities for offering rural broadband services care Network

October, 2009 ~ Quarterly Report
R-AHEC has been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

      1) We are currently working with our coach for the finalization our proposed RFP and supporting documentation.

      2) We have continued in discussions with the other two RHCP projects in NY and with the NYState eHealth Collaborative. The Office of HIT at the NY State Department of Health is actively following the development of our RHCP project.

      R-AHEC has been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

            1) Finalization our proposed RFP and supporting documentation, posted on USAC website 07/02/09.

            2) Vendor responses were received on 08/17/09.

            3) Bid Review committee was established for review of vendor responses and selection of vendor.

            4) We have continued in discussions with the other two RHCP projects in NY and with the NYState eHealth Collaborative. The Office of HIT at the NY State Department of Health is actively following the development of our RHCP project.

January, 2010 ~ Quarterly Report
R-AHEC has been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

      1) Finalized our proposed RFP and supporting documentation, posted on USAC website 07/02/09.

      2) Vendor responses were received on 08/17/09.

      3) Bid Review committee was established for review and selection of vendor responses and continues to move forward in this process.

      4) We have continued in discussions with the other two RHCP projects in NY and with the NYState eHealth Collaborative. The Office of HIT at the NY State Department of Health is actively following the development of our RHCP project.

April, 2010 ~ Quarterly Report
R-AHEC has been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

      1) Finalized our proposed RFP and supporting documentation, posted on USAC website 07/02/09.

      2) Vendor responses were received on 08/17/09.

      3) August, 2009 - February, 2010 A Bid Review committee reviewed all proposals received, held various meetings, and selected a vendor.

      4) A letter of intent was delivered to the vendor and we are currently in contract negotiations

      5) We have continued in discussions with the other two RHCP projects in NY and with the NYState eHealth Collaborative. The Office of HIT at the NY State Department of Health is actively following the development of our RHCP project.

July, 2010 ~ Quarterly Report

R-AHEC has been actively working to coordinate our Pilot efforts with that of others in several different ways:

1) Paperwork for FCL is being finalized.
2) Preparing for issuing RFP 02 & 03 in early August, 2010
3) Continued discussions with other RHCPP projects and the NY State eHealth Collaborative.

October, 2010 ~ Quarterly Report

R-AHEC has been actively working to coordinate our Pilot efforts with that of others in several different ways:

1) Funding Commitment Letter was issued in early September, 2010
2) Letter of Intent to commence work was sent within days of FCL issuance.
3) Prep work and document details for RFP 02 & 03 to be posted on USAC website for additional facilities.
4) Continued discussions with other RHCPP project, NY State eHealth Collaborative, and RHIOs.

January, 2011 ~ Quarterly Report

R-AHEC has been actively working to coordinate our Pilot efforts with that of others in several different ways:

1) **Funding Commitment Letter was issued in early September, 2010**
2) **Letter of Intent to commence work was sent within days of FCL issuance.**
3) **RFP 02 was posted on the USAC website in mid December, 2010 for additional facilities.**
4) **Continued discussions with other RHCPP project, NY State eHealth Collaborative, and RHIOs.**

Facility Name	Address	City	State	Zip	County	Phone	Fax	Rural Urban Commuting Area (RUCA)	State Code	County Code	Census Tract	Not-for-Profit or For-Profit	Eligible	Why Eligible or Ineligible	NYS DOH Operating Certificate
Academic Medical Services	462 Grider Street	Buffalo	New York	14215	Erie	(716) 898-4328		1	36	029	0039.02	Not-For Profit	Yes	Teaching facility	-
Academic Medical Services (Linwood)	*300 Linwood Ave*	*Buffalo*	*New York*	*14209*	*Erie*	*(716) 898-4328*	*(716) 898-3024*	*1*	*36*	*029*	*0067.02*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
Academic Medical Services (Transit)	*6105 Transit Road*	*East Amherst*	*New York*	*14051*	*Erie*	*(716) 898-4328*	*(716) 898-3024*	*1*	*36*	*029*	*0146.02*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
Arnot Ogden Medical Center	*600 Roe Ave*	*Elmira*	*New York*	*14905*	*Chemung*	*(607) 737-4100*		*1*	*36*	*015*	*0004.02*	*Not-For Profit*	*Yes*	*Non-Profit Health Care Entity*	*0701000H*
Auburn Memorial Hospital	*17 Lansing Street*	*Auburn*	*New York*	*13021*	*Cayuga*	*(315) 253-1760*		*4.2*	*36*	*011*	*0414.00*	*Not-For Profit*	*Yes*	*Non-Profit Health Care Entity*	*0501000H*
Brooks Memorial Hospital	529 Central Ave	Dunkirk	New York	14048	Chautauqua	(716) 366-1111		4	36	013	0356.00	Not-For	Yes	Non-Profit Health Care Entit	0601000H
Catholic Health Systems	Seton Professional Building: 2121 Main Street; Suite 300	Buffalo	New York	14214	Erie	(716) 862-2400	(716) 862-2468	1	36	029	0052.01	Not-For Profit	Yes	Non-Profit Health Care Entit	multiple
Cattaraugus Indian Reservation Health Center	*36 Thomas Indian School Drive*	*Irving*	*New York*	*14081*	*Chautauqua*	*(716) 532-5582*	*(716) 532-0110*	*4*	*36*	*013*	*9501.00*	*Not-For Profit*	*Yes*	*Community Health Center*	*-*
Clifton Springs Hospital & Clinic	2 Coulter Road	Clifton Springs	New York	14432	Ontario	(315) 462-9561	(315) 462-3492	4.1	36	069	0503.01	Not-For Profit	Yes	Non-Profit Health Care Entit	3421000H
Erie County Medical Center (ECMC)	462 Grider Street	Buffalo	New York	14215	Erie	(716) 898-3000		1	36	029	0039.02	Not-For Profit	Yes	Non-Profit Health Care Entit	1401005H
Finger Lakes Migrant Health Care Project, Inc. (Bath)	*117 East Steuben Street*	*Bath*	*New York*	*14810*	*Steuben*	*(607) 776-3063*	*(607) 776-1011*	*7.4*	*36*	*101*	*9612.00*	*Not-For Profit*	*Yes*	*FQHC*	*-*
Finger Lakes Migrant Health Care Project, Inc. (Geneva)	601B Washington Street	Geneva	New York	14456	Ontario	(315) 781-8448	(315) 781-8444	4	36	069	0515.00	Not-For Profit	Yes	FQHC	-
Finger Lakes Migrant Health Care Project, Inc. (Newark)	513 W Union Street: Cannery Row - Route 31	Newark	New York	14513	Wayne	(315) 331-4399	(315) 331-4398	4	36	117	0211.00	Not-For Profit	Yes	FQHC	-
Finger Lakes Migrant Health Care Project, Inc. (Seneca)	*7160 Main Street*	*Ovid*	*New York*	*14521*	*Steuben*	*(607) 869-9766*		*3*	*36*	*099*	*9509.00*	*Not-For Profit*	*Yes*	*FQHC*	*-*
Finger Lakes Migrant Health Care Project, Inc. (Penn Yan)	*112 Kimball Ave*	*Penn Yan*	*New York*	*14527*	*Seneca*	*(315) 536-2752*	*(315) 536-4005*	*7*	*36*	*123*	*9905.00*	*Not-For Profit*	*Yes*	*FQHC*	*-*
Finger Lakes Migrant Health Care Project, Inc. (Port Byron)	60 Main Street	Port Byron	New York	13160	Cayuga	(315) 776-9700	(315) 776-9701	5	36	011	0403.00	Not-For Profit	Yes	FQHC	-
Finger Lakes Migrant Health Care Project, Inc. (Sodus)	6692 Middle Road Suite 2100	Sodus	New York	14451	Wayne	(315) 483-1199	(315) 483-2451	1	36	117	0208.00	Not-For Profit	Yes	FQHC	-
Geneva General Hospital	196 North Street	Geneva	New York	14456	Ontario	(315) 787-4000		4	36	069	0517.00	Not-For Profit	Yes	Non-Profit Health Care Entit	3402000H
Ira Davenport Memorial Hospital, Inc.	7571 State Route 54	Bath	New York	14810	Steuben	(607) 776-8500		7.4	36	101	9614.00	Not-For Profit	Yes	Non-Profit Health Care Entit	5022000H
Jones Memorial Hospital	191 North Main Street: PO BOX 72	Wellsville	New York	14895	Allegany	(585) 596-4002		7	36	003	9507.00	Not-For Profit	Yes	Non-Profit Health Care Entit	0228000H
Kaleida Health	100 High Street	Buffalo	New York	14203	Erie	(716) 859-2732	(716) 859-3323	1	36	029	0031.00	Not-For Profit	Yes	Non-Profit Health Care Entit	multiple
Lakeshore Health Care Center	845 Routes 5 & 20	Irving	New York	14081	Chautauqua	(716) 951-7000	(716) 951-7046	7.1	36	013	0351.00	Not-For Profit	Yes	Rural Health Clinic	0427000H
Lakeside Health System	150 West Avenue	Brockport	New York	14420	Monroe	(585) 395-6095		1	36	055	0152.00	Not-For Profit	Yes	Non-Profit Health Care Entit	2728001H
Lionel R John Health Center	*987 R.C. Hoag Drive*	*Salamanca*	*New York*	*14779*	*Cattaraugus*	*(716) 945-5894*	*(716) 945-0308*	*7.4*	*36*	*009*	*9621.00*	*Not-For Profit*	*Yes*	*Rural Health Clinic*	*-*
Medina Memorial Health Care System	200 Ohio Street	Medina	New York	14103	Orleans	(585) 798-2000	(585) 798-8444	7	36	073	0404.00	Not-For Profit	Yes	Non-Profit Health Care Entit	3622000H
Mount St. Mary's Hospital and Health Center	5300 Military Road	Lewiston	New York	14092	Niagara	(716) 298-2173	(419) 844-6157	1	36	063	0244.04	Not-For Profit	Yes	Non-Profit Health Care Entit	3121001H
Niagara Falls Memorial Medical Center	621 Tenth Street	Niagara Falls	New York	14302	Niagara	(716) 278-4000		1	36	063	0212.00	Not-For Profit	Yes	Non-Profit Health Care Entit	3102000H
Nicholas H. Noyes Memorial Hospital	111 Clara Barton Street	Dansville	New York	14437	Livingston	(585) 335-6001		7.3	36	051	0314.00	Not-For Profit	Yes	Non-Profit Health Care Entit	2527000H
Noyes Memorial Hospital (Livingston Health Services)	*50 South East Street*	*Geneseo*	*New York*	*14454*	*Livingston*	*(585) 243-9230*	*(585) 335-5881*	*7.3*	*36*	*051*	*0304.00*	*Not-For Profit*	*Yes*	*Non-Profit Health Care Entity*	*2527000H*
Oak Orchard Community Health Center, Inc. (Albion Clinic)	245 South Main Street	Albion	New York	14411	Orleans	(585) 589-4519	(585) 637-4990	8.3	36	073	0407.00	Not-For Profit	Yes	FQHC	-
Oak Orchard Community Health Center, Inc. (Lyndonville Clinic)	77 South Main Street	Lyndonville	New York	14098	Orleans	(585) 637-3905	(585) 637-4990	3	36	073	4010.01	Not-For Profit	Yes	FQHC	-
Oak Orchard Community Health Center, Inc. (West Ave - Ablion Clinic)	301 West Ave	Albion	New York	14411	Orleans	(585) 589-5613	(585) 589-0872	8.3	36	073	0407.00	Not-For Profit	Yes	FQHC	-
Oak Orchard Community Health Center, Inc. (West Ave - Brockport Clinic)	300 West Ave	Brockport	New York	14420	Monroe	(585) 637-3905	(585) 637-4990	3	36	055	0152.00	Not-For Profit	Yes	FQHC	-
Olean General Hospital	515 Main Street	Olean	New York	14760	Cattaraugus	(716) 373-2600	(716) 375-6394	4	36	009	9615.00	Not-For Profit	Yes	Non-Profit Health Care Entit	0401001H
~~Planned Parenthood of WNY (Lockport Site)~~	~~38 Heritage Court~~	~~Lockport~~	~~New York~~	~~14094~~	~~Niagara~~	~~(716) 433-4427~~	~~(716) 831-1065~~	~~4.1~~	~~36~~	~~063~~	~~0237.00~~	~~Not-For Profit~~	~~Yes~~	~~Non-Profit Health Care Entit~~	~~1401235R~~
~~Planned Parenthood of WNY (Niagara Falls Site)~~	~~732 Portage Road: Haeberle Plaza~~	~~Niagara Falls~~	~~New York~~	~~14301~~	~~Niagara~~	~~(716) 282-1223~~	~~(716) 831-1065~~	~~1~~	~~36~~	~~063~~	~~0209.00~~	~~Not-For Profit~~	~~Yes~~	~~Non-Profit Health Care Entit~~	~~1401235R~~
Rochester General (Via Health)	333 Humboldt Street; PO BOX 10790	Rochester	New York	14610	Monroe	(585) 922-1651		1	36	055	0077.00	Not-For Profit	Yes	Non-Profit Health Care Entit	-
Schuyler Hospital	200 Steuben Street	Montour Falls	New York	14865	Schuyler	(607) 535-7121	(607) 535-9097	10.4	36	097	9504.00	Not-For Profit	Yes	Non-Profit Health Care Entit	4823700C
Soldiers & Sailors Memorial Hospital	*418 North Main Street*	*Penn Yan*	*New York*	*14527*	*Seneca*	*(315) 787-4031*		*7.4*	*36*	*123*	*9902.00*	*Not-For Profit*	*Yes*	*Non-Profit Health Care Entity*	*6120700C*
St. James Mercy Health System	411 Canisteo Street	Hornell	New York	14843	Steuben	(607) 324-8113	(607) 324-8960	4	36	101	9608.00	Not-For Profit	Yes	Non-Profit Health Care Entit	5002001H
St. Joseph's Hospital	555 East Market Street	Elmira	New York	14901	Chemung	(607) 733-6541		1	36	015	0008.00	Not-For Profit	Yes	Non-Profit Health Care Entit	0701001H
The Resource Center	800 East Second Street	Jamestown	New York	14701	Chautauqua	(716) 483-2344		4	36	013	0301.00	Not-For Profit	Yes	Non-Profit Health Care Entit	060221R
Thompson Health	350 Parrish Street	Canandaigua	New York	14424	Ontario	(585) 396-6000	(585) 396-6477	4.1	36	069	0510.00	Not-For Profit	Yes	Non-Profit Health Care Entit	3429000H
TLC Health Network	845 Routes 5 & 20	Irving	New York	14081	Chautauqua	(716) 951-7000	(716) 951-7046	7.1	36	013	0351.00	Not-For Profit	Yes	Non-Profit Health Care Entit	0427000H
Tri-County Memorial Hospital	100 Memorial Drive	Gowanda	New York	14070	Cattaraugus	(716) 951-5034	(716) 532-8091	9.1	36	009	9604.00	Not-For Profit	Yes	Non-Profit Health Care Entit	0427000H
UB Family Medicine, Inc.	463 Grider Street	Buffalo	New York	14215	Erie	(716) 898-5212		1	36	029	0039.02	Not-For Profit	Yes	Teaching facility	-
UB Family Medicine of Amherst (UB Family Medicine, Inc.)	*850 Hopkins Rd*	*Buffalo*	*New York*	*14221*	*Erie*	*716-898-4744*	*716-898-4750*	*1*	*36*	*029*	*0091.13*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
UB Family Medicine, Inc. (Jefferson Family Medicine)	*1315 Jefferson Ave*	*Buffalo*	*New York*	*14208*	*Erie*	*716-898-4744*	*716-898-4750*	*1*	*36*	*029*	*0033.02*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
UB Family Medicine, Inc. (Sheridan)	*2465 Sheridan Drive*	*Tonawanda*	*New York*	*14150*	*Erie*	*716-898-4744*	*716-898-4750*	*1*	*36*	*029*	*0080.01*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
UB School of Medicine & Biomedical Sciences	155 Biomedical Education Building: 3435 Main Street	Buffalo	New York	14214	Erie	(716) 829-2975	(716) 829-2915	1	36	029	0046.02	Not-For Profit	Yes	Teaching facility	-
UB School of Medicine & Biomedical Sciences(350)	*350 Main Street*	*Buffalo*	*New York*	*14202*	*Erie*	*(716) 829-2975*	*(716) 829-2915*	*1*	*36*	*029*	*0072.01*	*Not-For Profit*		*Teaching facility*	*-*
United Memorial Medical Center	127 North Street	Batavia	New York	14020	Genesee	(585) 343-6030	(585) 344-7434	4.2	36	037	9508.00	Not-For Profit	Yes	Non-Profit Health Care Entit	1801000H
University @ Buffalo Neurosurgery	3 Gates Circle	Buffalo	New York	14209	Erie	(716) 887-5200		1	36	029	0063.02	Not-For Profit	Yes	Teaching facility	-
University @ Buffalo Neurosurgery (Sheridan/Dent)	*3980 Sheridan Drive (dent tower)*	*Buffalo*	*New York*	*14226*	*Erie*	*716-887-5200*		*1*	*36*	*029*	*0092.00*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
University of Rochester Medical Center (URMC)	*400 Elmwood Ave*	*Rochester*	*New York*	*14627*	*Monroe*	*585-275-7685*		*1*	*36*	*055*	*0038.01*	*Not-For Profit*	*Yes*	*Non-Profit Health Care Entity*	*2701005H*
University Orthopaedic Services, Inc	3435 Main Street	Buffalo	New York	14214	Erie	(716) 829-3670	(716) 829-3514	1	36	029	0046.02	Not-For Profit	Yes	Teaching facility	-
University Orthopaedic Services, Inc (Harlem Road)	*4949 Harlem Road*	*Buffalo*	*New York*	*14226*	*Erie*	*716-829-3670*	*716-829-3514*	*1*	*36*	*029*	*0094.02*	*Not-For Profit*	*Yes*	*Teaching facility*	*-*
WCA Hospital	207 Foote Avenue: PO BOX 840	Jamestown	New York	14702	Chautauqua	(716) 487-0141	(716) 664-8336	4	36	013	0306.00	Not-For Profit	Yes	Non-Profit Health Care	0602001H
Western New York Rural Area Health Education Center	20 Duncan Street, PO BOX 152	Warsaw	New York	14569	Wyoming	(585) 786-6275	(585) 786-6280	7.3	36	121	9905.00	Not-For Profit	No	Ineligible	-
Westfield Memorial Hospital	189 East Main Street	Westfield	New York	16544	Chautauqua	(716) 326-4921	(585) 786-6222	7.4	36	013	0365.00	Not-For Profit	Yes	Non-Profit Health Care Entit	0632000H
Wyoming County Community Health System	400 North Main Street	Warsaw	New York	14569	Wyoming	(585) 786-8940	(585) 786-1222	7	36	121	9905.00	Not-For Profit	Yes	Non-Profit Health Care Entit	6027000H

* Updated/New information for the quarterly report appears in the purple, bold, italic font

* New information for the quarterly report appears in the purple, bold, italic font

NETWORK NARRATIVE

A) Brief Description of backbone network of dedicated health care network (e.g. MPLS Network, carrier-provided VPN, a SONET ring

The Western New York Rural Healthcare Broadband Network (WNY RHBN) is a dedicated Internet Protocol (IP)-based broadband healthcare network that will provide each partner facility a minimum of 10 Megabits per second (Mbps) minimum scalable upwards bandwidth, based upon facility, connecting them over a secure enterprise wide-area-network, with Quality of Service (QoS) features and the option of connecting to the commercial Internet & to Internet 2. When fully implemented, the WNY RBHN will bring services to rural communities through innovative health information technology applications, including telemedicine, imaging, and electronic medical records.

B) Explanation of how health care provider sites will connect to (or access) the network, including access technologies/services and transmission speeds

Each partner facility a minimum of 10 Megabits per second (Mbps) minimum scalable upwards bandwidth, based upon facility, connecting them over a secure enterprise wide-area-network, with Quality of Service (QoS) features and the option of connecting to the commercial Internet & to Internet 2.

C) Explanation of how and where network will connect to a national backbone such as NLR or Internet2

It is proposed that the Western New York Rural Healthcare Broadband Network (WNY RHBN) - a dedicated Internet Protocol (IP)-based broadband healthcare network - will have connectivity to Internet 2 through the nearest NYSERNET point of presence (POP) -NYSERNET is the agency that is responsible for Internet2 connectivity in New York State. At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

D) Number of miles of fiber construction, and whether the fiber is buried or aerial

Our facilities have just started to go live within the last month or so, we are currently waiting for the final information from our vendor, and will be reflected in our next quarterly report.

E) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

Our facilities have just started to go live within the last month or so, we are currently waiting for the final information from our vendor, and will be reflected in our next quarterly report.

Facility Name	Address	City	State	Eligible	How is facility connection provided?	Service and/or Speed	Gateway to NLR, Internet 2, or Public Internet	Site Equipment	Site Equipment Manufacturer	Site Equipment Model
Clifton Springs Hospital & Clinic	2 Coulter Road	Clifton Springs	New York	Yes	Carrier-Provided Services	30 Mpbs	Public Internet	Router	Adtran	4430
Finger Lakes Migrant Health Care Project, Inc. (Geneva)	601B Washington Street	Geneva	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Finger Lakes Migrant Health Care Project, Inc. (Port Byron)	60 Main Street	Port Byron	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Finger Lakes Migrant Health Care Project, Inc. (Sodus)	6692 Middle Road Suite 2100	Sodus	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Ira Davenport Memorial Hospital, Inc.	7571 State Route 54	Bath	New York	Yes	Carrier-Provided Services	45 Mpbs	Public Internet	Router	Adtran	4430
Jones Memorial Hospital	191 North Main Street; PO BOX 72	Wellsville	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Lakeshore Health Care Center	845 Routes 5 & 20	Irving	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Lakeside Health System	150 West Avenue	Brockport	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Medina Memorial Health Care System	200 Ohio Street	Medina	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Mount St. Mary's Hospital and Health Center	5300 Military Road	Lewiston	New York	Yes	Carrier-Provided Services	10 Mpbs	Public Internet	Router	Adtran	4430
Nicholas H. Noyes Memorial Hospital	111 Clara Barton Street	Dansville	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Oak Orchard Community Health Center, Inc. (Albion Clinic)	245 South Main Street	Albion	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
Oak Orchard Community Health Center, Inc. (Lyndonville Clinic)	77 South Main Street	Lyndonville	New York	Yes	Carrier-Provided Services	10 Mpbs	Public Internet	Router	Adtran	4430
Oak Orchard Community Health Center, Inc. (West Ave - Brockport Clinic)	300 West Ave	Brockport	New York	Yes	Carrier-Provided Services	25 Mpbs	Public Internet	Router	Adtran	4430
Olean General Hospital	515 Main Street	Olean	New York	Yes	Carrier-Provided Services	10 Mpbs	Public Internet	Router	Adtran	4430
Thompson Health	350 Parrish Street	Canandaigua	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
United Memorial Medical Center	127 North Street	Batavia	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430
WCA Hospital	207 Foote Avenue; PO BOX 840	Jamestown	New York	Yes	Carrier-Provided Services	45 Mpbs	Public Internet	Router	Adtran	4430
Wyoming County Community Health System	400 North Main Street	Warsaw	New York	Yes	Carrier-Provided Services	20 Mpbs	Public Internet	Router	Adtran	4430

Expense Incurred by:	Type Of Cost	Allocation of Cost	Recurring or Non-Recurring?	Eligible/Ineligible ?	Contributions from Other Sources ?	Source of Contribution	Source Name:	Amount:	
Western New York Rural AHEC (January 01, 2008 - June 30, 2008)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 18,568.52	
Western New York Rural AHEC (January 01, 2008 - June 30, 2008)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 26,207.59	
Western New York Rural AHEC (July 01, 2008 - September 30, 2008)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 8,955.51	
Western New York Rural AHEC (July 01, 2008 - September 30, 2008)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 6,972.09	
Western New York Rural AHEC (October 01, 2008 - December 31, 2008)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 6,408.12	
Western New York Rural AHEC (October 01, 2008 - December 31, 2008)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 24,629.65	
Western New York Rural AHEC (January 01, 2009 - February 28, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 7,035.18	* Please note dates does not include March
Western New York Rural AHEC (January 01, 2009 - February 28, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 7,801.00	* Please note dates does not include March
Western New York Rural AHEC (March 01, 2009 - May 31, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 14,996.73	* Please note dates does not include June
Western New York Rural AHEC (March 01, 2009 - May 31, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 7,082.70	* Please note dates does not include June
Western New York Rural AHEC (June 01, 2009 - September 30, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 14,402.77	
Western New York Rural AHEC (June 01, 2009 - September 30, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 16,773.36	
Western New York Rural AHEC (October 01, 2009 - November 30, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 10,328.09	* Please note dates does not include
Western New York Rural AHEC (October 01, 2009 - November 30, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 5,540.00	* Please note dates does not include
Western New York Rural AHEC (December 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 14,714.79	
Western New York Rural AHEC (December 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 10,717.84	
Western New York Rural AHEC (January 01, 2010 - March 31, 2010)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 27,856.15	
Western New York Rural AHEC (April, 2010)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 18,981.02	
Western New York Rural AHEC (May, 2010)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 11,426.97	
Western New York Rural AHEC (June, 2010)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 20,346.08	
Western New York Rural AHEC (July, 2010)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 5,463.24	
Western New York Rural AHEC (August, 2010)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 4,756.17	
Western New York Rural AHEC (September, 2010)	*RFP Development*	*RFP Design*	*Non-Recurring*	*Eligible*	*Yes*	*Local*	*Western New York Rural AHEC*	*$ 5,618.67*	
Western New York Rural AHEC (October, 2010)	*RFP Development*	*RFP Design*	*Non-Recurring*	*Eligible*	*Yes*	*Local*	*Western New York Rural AHEC*	*$ 10,951.30*	
Western New York Rural AHEC (November, 2010)	*RFP Development*	*RFP Design*	*Non-Recurring*	*Eligible*	*Yes*	*Local*	*Western New York Rural AHEC*	*$ 11,193.31*	
Western New York Rural AHEC (December, 2010)	*RFP Development*	*RFP Design*	*Non-Recurring*	*Eligible*	*Yes*	*Local*	*Western New York Rural AHEC*	*$ 14,359.41*	
							Total:	**$ 332,086.26**	

* New information for the quarterly report appears in the purple, bold, italic font

* New information for the quarterly report appears in the purple, bold, italic font

Explanation of Costs:
A) Explanation of Costs identified, allocated, and apportioned to both eligible and ineligible network participants.
The costs that we are identifying are eligible expenses that were incurred in the RFP Design and Development phase of the project. Within this category the key areas of focus have been developing the engineering and design criteria for the RFP and coordinating carrier information sessions with carrier organizations in our region to learn about their technologies, facilities and capabilities to design and implement rural broadband networks. Other areas of effort include coordinating with the two regional RHIOs, New York State DOH Office for HIT transformation and the two other RHCP awardees in New York State.

B) Describe source of funds from:
i) Eligible Pilot Program Network Participants.
Fifteen percent contribution towards the cost of bandwidth and other broadband services provisioned for each of the Pilot Program participants.

ii) Ineligible Pilot Program network participants.
Ineligible Pilot Program network participants will pay their full share through native revenues, or through funding sources such as Federal, state and/or local grants.

C) Show contributions from all other sources (e.g. local, state, and federal sources, and other grants)
i) Identify sources of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program Participants
We are currently still in the RFP design and development phase of the project and therefore, we are currently unable to identify additional sources of financial support and anticipated revenues for costs that are not covered by the Pilot Program Participants. However, as a proactive measure on behalf of all our Pilot Program Participants, the Western New York Rural AHEC is pursuing other Federal and NY State grant funding opportunities to procure equipment and services ineligible to the FCC Pilot Program funding.

ii) Identify the respective amounts and remaining time for such assistance.
At this time we are still trying to identify where the respective amounts and time frames for the assistance will be coming from as we are still in the design and development phase of the project. (Please see Section C, subsection i)

D) Explain how selected participants 15% contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.
We are just connecting facilities live now and are expecting to start billing within the next few weeks. However, all Pilot Program Participants are in agreement that they will contribute fifteen percent of the bandwidth and broadband services provisioned for their respective facilities.

* New information for the quarterly report appears in the purple, bold, italic font

Ineligible Entity Requirements

A) Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.
    1) Confirm the ineligibility of the entity with FCC/USAC
    2) Convey the ineligibility to the entity
    3) Identify the entity's requirement for the broadband services over the WNY RBHN and ensure that the requirements are for acceptable healthcare applications
    4) Identify and convey the costs of broadband access to the entity
    5) Sign the Memorandum of Understanding with the entity
    6) Proceed with broadband service provisioning

* New information for the quarterly report appears in the purple, bold, italic font

MANAGEMENT PLAN & SCHEDULE
Management Team:
Kenneth Oakley (Project Coordinator): Phone: 585-344-1022   Email: koakley@r-ahec.org
Sandeep Krishnan (Project Manager):   Email: wnyrbhn@r-ahec.org
Kimberly Cummins (APC/Project Administrative Coordinator): Phone: 585-519-2511
Email: kcummins@r-ahec.org

First Quarterly Report ~ July 30, 2008
Projected Schedule*:
Mid to Late October 2008 - Complete Draft RFP and sumbit for review
Mid November 2008 - Submission of 465 & RFP
January 2009 thru February 2009 - Competitive Bidding Process
March 2009 - Review and selection of vendor(s) for project.
March-April 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)
May 2009 - Funding Commitment Letters
June 2009 - Submission of 467 & Supporting information
July 2009 - Begin project build out.

Second Quarterly Report ~ October 30, 2008
Projected Schedule*:
Late October 2008 thru Early November 2008 - Complete Draft RFP and sumbit for review
Late November 2008 thru mid December 2008 - Submission of 465 & RFP
late December 2008 thru late January 2009 - Competitive Bidding Process
February 2009 thru mid March 2009- Review and selection of vendor(s) for project.
late March thru mid April 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)
late April 2009 thru early May 2009 - Funding Commitment Letters issued
late May 2009 thru early June 2009 - Submission of 467 & Supporting information
Mid June 2009- Begin project build out.

Third Quarterly Report ~ January 30, 2009
Projected Schedule*:
End of December 2008 thru early January 2009 - Complete Draft RFP and sumbit for review (submitted for review)
Mid January 2009- Submission of 465 & 465 attachment (Completed)
Late January 2009 thru Early February 2008 - RFP posted on web & competitive bidding process
Late February 2009 thru Mid March 2009- Review and selection of vendor(s) for project.
Late March 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)
Early April 2009 thru Mid April 2009 - Funding Commitment Letters issued
Late April 2009 thru early May 2009 - Submission of 467 & Supporting information

* New information for the quarterly report appears in the purple, bold, italic font

Mid May 2009- Begin project build out.

Fourth Quarterly Report ~ March 30, 2009
Projected Schedule*:
Late April 2009 thru Early May 2009 - Final approval on RFP submission and supporting documentation
Late May 2009 thru Early June 2009 - 45 day waiting period
Mid June 2009 - Selection of a vendor(s) for the project
Mid June 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)
Late June 2009 - Funding Commitment Letters issued
Late June 2009 thru Early July 2009 - Submission of 467 & Supporting Information
Mid July - Begin project build out.

Fifth Quarterly Report ~ July 30, 2009
Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answering questions from vendors
Mid August, 2009 thru Early September , 2009- review of submitted documents & selection of vendor(s)
Early September, 2009 thru Mid September, 2009 - Submission of 466-A & Supporting Info, Certification of Vendor(s)
Late September, 2009 - Funding Commitment Letter issued
Late September, 2009 thru Early October, 2009 - Submission of 467 & Supporting documentation in addition to the starting of project build out.

Sixth Quarterly Report ~ October 30, 2009
Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End October , 2009- review of submitted documents & selection of vendor(s)
Early November, 2009 thru Mid November, 2009 - Submission of 466-A & Supporting Info, Certification of Vendor(s)
Late November, 2009 - Funding Commitment Letter issued
Late November, 2009 thru Early December, 2009 - Submission of 467 & Supporting documentation in addition to the starting of project build out.
* Timeline provided is based on best case scenario developed by the Project TWG and is subject to change based on any unforeseen circumstances

Seventh Quarterly Report ~ January 29, 2010
Early July, 2009 - final approval of RFP and supporting documentation, submission & posting

* New information for the quarterly report appears in the purple, bold, italic font

Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End January, 2010 - review of submitted documents & selection of vendor(s)
Early to Mid February, 2009 thru Mid November, 2009 - Submission of 466-A & Supporting Info, Certification of Vendor(s)
Late February 2010 thru Early March 2010- Funding Commitment Letter issued
March 2010- Submission of 467 & Supporting documentation in addition to the starting of project builds out.

Eighth Quarterly Report ~ April 29, 2010
Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End January, 2010 - review of submitted documents & selection of vendor(s)
Early to Mid February, 2010 -   final selection of a vendor
March, 2010 - April, 2010 - contract negotiations
Early May 2010 -   Submission of 466-A, contract & Supporting Info, Certification of Vendor
Mid to Late May2010- Funding Commitment Letter issued
June 2010- Submission of 467 & Supporting documentation in addition to the starting of project build out.
August/September 2010 - Build out

Ninth Quarterly Report ~ July, 2010
Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End January, 2010 - review of submitted documents & selection of vendor(s)
Early to Mid February, 2010 -   final selection of a vendor
March, 2010 - April, 2010 - contract negotiations
Early May 2010 through early August 2010-   Submission of 466-A, contract & Supporting Info, Certification of Vendor
Early August- Funding Commitment Letter issued; as well as RFP #02 & #03 posted on USAC website
Mid August- Submission of 467 & Supporting documentation in addition to the starting of project build out.
Late August/September 2010 - Build out

* New information for the quarterly report appears in the purple, bold, italic font

Tenth Quarterly Report – October, 2010

Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End January, 2010 - review of submitted documents & selection of vendor(s)
Early to Mid February, 2010 -   final selection of a vendor
March, 2010 - April, 2010 - contract negotiations
Early May 2010 through early August 2010-   Submission of 466-A, contract & Supporting Info,
Certification of Vendor
Early September, 2010- Funding Commitment Letter issued
Mid September – PAETEC commences work on facility build outs
Late October, 2010 – first facilities begin to roll out live.
November, 2010 – Facilities continue to become live. As well as RFP #02 & #03 posted on
USAC website
December, 2010 through January 2010 – applications commence

11th Quarterly Report – January, 2011

Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End January, 2010 - review of submitted documents & selection of vendor(s)
Early to Mid February, 2010 -   final selection of a vendor
March, 2010 - April, 2010 - contract negotiations
Early May 2010 through early August 2010-   Submission of 466-A, contract & Supporting Info, Certification of Vendor
Early September, 2010- Funding Commitment Letter issued
Mid September, 2010 through mid February, 2011 – PAETEC commences work on facility build outs
Late November, 2010 – first facilities begin to roll out live.
December, 2010 – Facilities continue to become live. As well as RFP #02 posted on USAC website
December, 2010 through January 2011 – F.A.Q on RFP 02, continue building out of facilities, commence invoicing
Late January 2011 – end February, 2011 – Selection of vendor for RFP 02
Mid March, 2011 – RFP 03 for additional facilities if monies allow

* Timeline provided is based on best case scenario and is subject to change based on any unforseen circumstances

* New information for the quarterly report appears in the purple, bold, italic font

The Western New York Rural Area Health Education Center, Inc. (R-AHEC) understands that long term sustainability of the Western New York Rural Broadband Healthcare Network (WNY RBHN) is critical to the effective and efficient reform of our upstate health care delivery system. Through collaboration with numerous healthcare facilities, large and small, urban and rural, R-AHEC has spearheaded an initiative resulting in the award of $ 5.91 million dollars in FCC funding support to create a core broadband network that has the potential to serve all of Western New York for many years into the future.

R-AHEC and its partners recognize that the primary challenges for most healthcare networks across the country involves developing and implementing diverse strategies to achieve lasting "value add" and financial sustainability. While we have successfully obtained initial RHCPP funding to initiate our project, we fully realize that the funding is only a beginning and not a lasting long-term solution to ongoing viability. We are thus considering numerous potential options/scenarios to achieve that end.

In one scenario, Pilot Program funding would continue to subsidize the participants or take over the current Rural Health Care (RHC) program. In another scenario, currently eligible participants would be assisted in transitioning into the existing RHC program as it currently stands. And, in a third scenario, all existing broadband subsidy is eventually eliminated and all participants will have to pay for broadband at future existing market rates. Under all options however, essential keys to continuation will involve "value add propositions" (VAP) and positive "returns on investments" (ROI).

In the first scenario, where the Pilot Program morphs into a revised Rural Health Care (RHC) program, WNY RBHN partners would be incentivized to continue participation long-term because of the benefit of receiving some level/percentage of broadband subsidy against their otherwise full cost of access (See attached scenario 1 spreadsheet on pages 9 and 10).

In the second scenario, one with little to no change to the existing rural broadband program, the R-AHEC would assist with the eligible participants' transition from the RHCPP into the current RHC as it currently stands. A spreadsheet (**Regular Program Eligible Facilities** page 6) has been prepared to show which of the entities are now eligible, as well as the subsidy dollars that would be available to them in future years through the current program. This analysis was developed by utilizing the given formulas of 25% of internet access charges and the formula of Circuit Distance (CD) based upon the mileage to the nearest urban city with a population greater than 50,000 minus the Standard Urban Distance (SUD) for NYS (10) multiplied by the cost per mile. It is also important to note, that even non-RHP eligible partners would continue to benefit from participation within the WNY RBHN because of negotiated group purchasing discounts (See scenario 2 spreadsheet on pages 11 and 12).
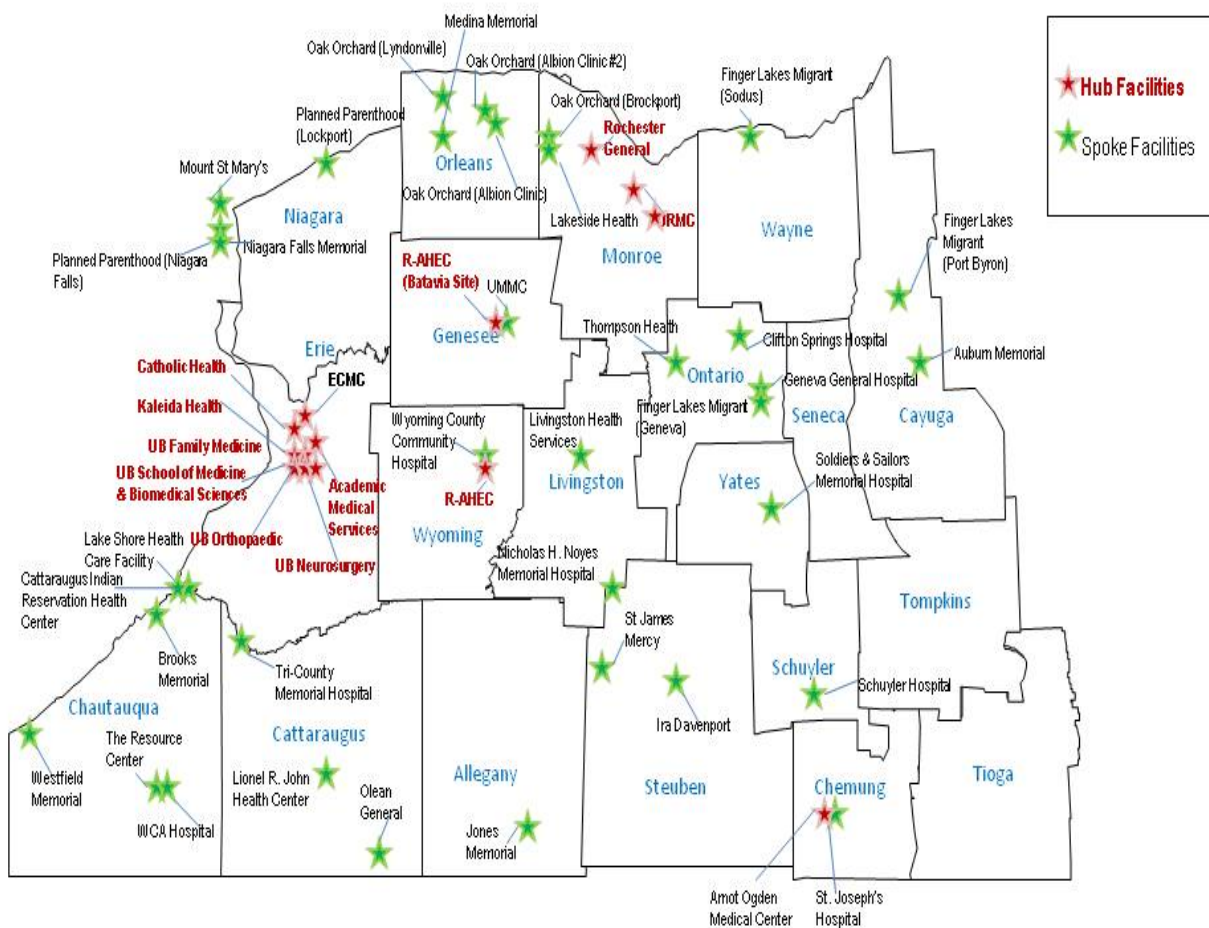
Under the third and final scenario, by far the toughest to overcome, all future subsidies end and the WNY RBHN must stand on its own VAP and ROI. These considerations are discussed/described in more detail below. Even here however, through the efforts of this initiative, a large number of the facilities participating in the WNY RBHN are actually now able to finally get the bandwidth their facility requires for a fraction of the costs that they would otherwise be paying (See scenario 3 spreadsheet on pages 13 and 14).

In considering the VAP and ROI of the WNY RBHN separate and apart from direct FCC broadband subsidy, it is import to understand how the overall network is being structured.
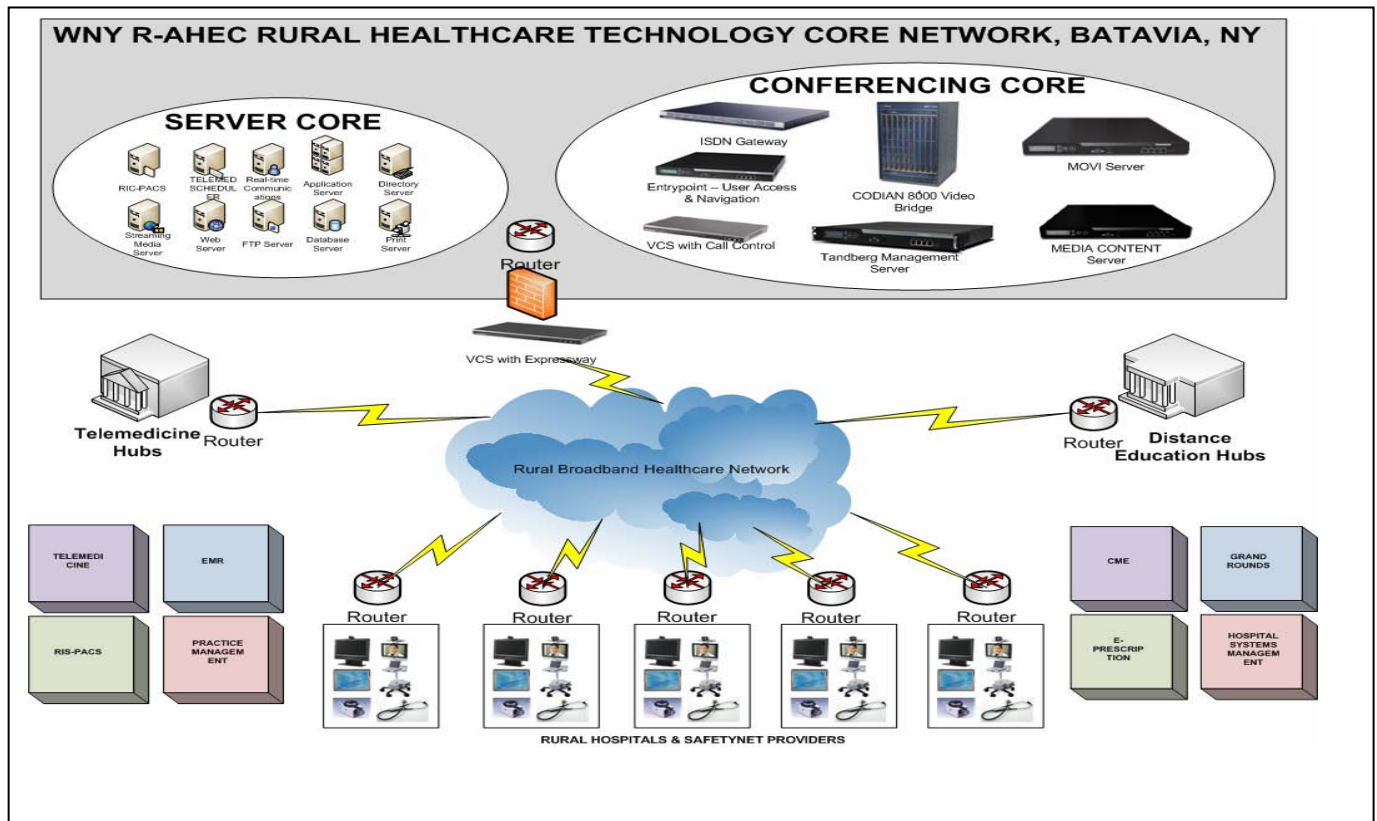
The WNY RBHN is being developed considering a 3 layer model actualization. Effective integration of all three core layers is critical for the successful adoption, utilization and sustainability of end-user applications. Our three-layer model is comprised of:

Layer 1: Secure Internet Protocol (IP)-based broadband network. In large part because of our FCC award, the WNY RBHN now boasts over 45 member organizations and is poised to add countless more partners moving forward in time.

WNY Rural Broadband Healthcare Network (WNY RBHN) Partners

Layer 2: Hardware conferencing and server core (shared data center if you will) that is the technological hub for the WNY RBHN.

The Layer 1 and 2 Network systems will use a combination of Internet Protocol and H.323 IP-based video conferencing standard for interactive videoconferencing, telemedicine and distance learning applications. The Internet Protocol (IP) has emerged as the dominant networking protocol over the past few years. The IP provides highly granular quality of service (QoS) characteristics which allow for (1) prioritization of the different types of data packets, such as video, voice and data are allowed to flow over the network; (2) real-time interactive video conferencing, especially for clinical applications, is assigned a higher priority than less time sensitive store and forward transmissions such as Teleradiology.

The centralized network Layer 2 core will be provided by R-AHEC with a state of the art VCS Expressway, Border Controller, Gatekeeper for firewall traversal, a Network Management System providing centralized monitoring, configuration, trouble-shooting and support of all hub and end-user systems connected to the network, a multi-media Content Recording, Archiving and Distribution system, and a PC-based video conferencing server.

Layer 3: Telemedicine systems and educational programming at the distributed end-points where the telemedicine and distance learning applications are routinely used and shared across multiple sites. Here is where true VAP and ROI are realized. Regardless of broadband subsidy, network sustainability is realized because it enables/empowers critical member applications.

The Layer 3 of our model consists of video-conferencing, telemedicine and distance learning end-points at our partner facilities. These end-points range from high-end large-sized video conferencing systems to PC-based web-cams that can be bridged together as need be. These systems use the H.323 and Session Initiation Protocol (SIP) standards that are universally adopted, so they can as easily connect to partners across the globe, as they can with partners across town.

The rationale to developing the 3-layer technology adoption model is to make sure that Layers 1 and 2 of the model are sized and scaled with broadband and conferencing capacity as well as interoperability, so that our partners can focus on leveraging these two layers to develop applications and services that bring direct benefit to end-users including patients, providers, clinical staff, lay consumers and students. Ultimately, the deployment of applications and services will ensure sustainable broadband adoption by effectively and cost efficiently addressing current barriers to access (of clinical care, health education and training).

In addition to developing our 3 Layer model for member application actualization, the WNY RBHN membership is actively working with the NY State Department of Health – HEAL Projects, our two regional health information organizations (RHIOs) and the NY eHealth Collaborative (NYeC) to integrate application and functionality wherever possible. It is fully expected that by the end of the five year RHCPP, our network will be fully integrated into both our members' and our State's health information infrastructure and will be seen essential element of information exchange regardless of its cost.

Partners' Commitment for minimum payment of 15% of Eligible Costs ~

In order to address the subsidy, FCC will provide 80% and the remaining 20% of recurring and non-recurring charges will be paid by the eligible WNY RBHN participants.

Partners' Commitment ~

Each of the partners of the R-AHEC has committed to the build out and sustainability of the project, first by agreeing to pay the 20% and also by agreeing to contribute the sliding scale fee to defray some of the administration of the program ($5,000 rural, $10,000 urban, $25,000 academic).

Use of Network by Non-Eligible Entities ~ R-AHEC does not own the network. Appropriate, yet ineligible entities, which wish to join the WNY RBHN will pay for their own installation and service charges for broadband directly to our chosen vender PaeTec. R-AHEC and the WNY RBHN will not pay for any services to any ineligible facilities.

Management of Network ~ The Project Coordinator (PC) and Assistant Project Coordinator (APC) are currently overseeing this project. The APC duties include but are not limited to the following:

- Central project contact
- Provide support to all participants and vendor
- Oversee efforts to begin payment reimbursement
- Track outcomes
- Track budget
- Evaluate when/if new services or providers are needed
- Prepare FCC grant reports

- Help seek alternate sources of funding

Through the established lease agreement, our vendor of choice will be providing basic network management support as a part of their service. All sites will be installed with dedicated fiber-optic connections into the vendors' core network. Each site will use an Integrated Service Router to terminate the fiber and provide whatever service the entity requires. Internet, Site to Site private data and voice can all be supplied via this network interface. All internet access is provided through redundant peering points across the country. The core of the network is designed with high availability and redundancy to maximize the network uptime. All core routers are redundant, and 3 aggregate routers will carry the load of this network. The network capacity and equipment performance are monitored around the clock by the vendor's Data Center Solutions. The Data Center Solutions are hosted in highly secure Central Office Collocation and Data Center Collocation sites located around the country. They are monitored from end-to-end 24x7x365 in a state-of-the-art Network Operations Center (NOC). In the event of an outage the end-user facilities and APC will be notified immediately.

Regular Program ~ As identified previously (see page 1), a number of the facilities participating in the WNY RBHN are currently eligible for participation within the Regular Program. For the complete list of these facilities and details please see the Regular Program spreadsheet attachment found on page 6.

Conclusion ~

Rural communities within WNY face significant disadvantages and challenges to accessing quality and affordable healthcare, particularly when considering high demand specialties. Local providers and healthcare facilities offer a valuable service to the communities in which they exist, but they are under constant pressure to deliver the much-needed services with a constantly dwindling workforce, to aggregate and consolidate wherever possible and to do so in an environment with lowered revenues and increasing costs. The WNY RBHN offers a significant opportunity to improve access to and lower costs for quality healthcare and healthcare education in our rural communities by leveraging the efficiencies and efficacy provided by the broadband technologies available today.

* New information for the quarterly report appears in the purple, bold, italic font

Telemedicine Benefits

A) Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program Application: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project. At this time the plans for the design of the network are consistent with the goals and objectives outlined in our Pilot Program application.   The only changes anticipated from the original application will be addition of new eligible and ineligible partners consistent with the guidance provided in the FCC Order.

B) Explain how supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

C) Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities:
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

D) Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, or private health care institutions that are repositories of medical expertise and information: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

E) Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a nation crisis.
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

Please note: While we are developing the RFP for our network the Western New York AHEC and its Pilot Program Partners are developing the framework for evaluating clinical telemedicine and distant health care education applications. Discussions are currently underway between rural and urban partners in developing Pilot Projects for telemedicine and distance health education in preparation for the broadband access and services that will be provided through the FCC Pilot Project.
We expect that our next Quarterly Report will be much more informative in the telemedicine benefits.

* New information for the quarterly report appears in the purple, bold, italic font

HHS Health IT Initiatives

Provide Detail on how the supported network has complied with HHS health IT initiatives:

    A) *Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary:* At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

    B) *Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology:* At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

    C) Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

    D) Explain how the supported network has used resources available to HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

    E) Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

    F) Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations: At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

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HHS & CDC

Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

At this time we are still working on this information